Physician’s Orders
HYDRATION WITH OPTIONAL ANTIEMETICS - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 of 3

Defaults for orders not otherwise specified below:
- Interval: Once
- Interval: Every _____ days
- Interval: PRN every _____ days

Duration:
- Until date: __________
- 1 year
- ______# of Treatments

Anticipated Infusion Date_____________ ICD 10 Code with Description__________________________________

Height_____________(cm) Weight____________(kg) Allergies________________________________________

Site of Service
☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Provider Specialty
☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Appointment Requests
☐ Initial Appointment Request (Infusion)
  Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

☐ PRN Subsequent Appointment Request (Infusion) – FOR PRN ORDERS ONLY
  Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

Provider Ordering Guidelines
☐ ONC PROVIDER REMINDER 4
  When ordering hydration orders for outpatient infusion DO NOT CHANGE the MEDICATION FREQUENCY field to anything other than Continuous, ONCE or PRN. The MEDICATION FREQUENCY is how the patient will receive that medication during the visit.

  If you would like the patient to come in on a schedule FOR REPEATED TREATMENT, you should update the INTERVAL in the Therapy plan. This can be done by opening up the medication order and using ORDER SCHEDULE (blue background at top of medication order) and update the INTERVAL.

Nursing Orders
☐ ONC NURSING COMMUNICATION 100
  May Initiate IV Catheter Patency Adult Protocol

☐ ONC NURSING COMMUNICATION 101 – FOR BARIATRIC HYDRATIONS ONLY
  Following are OK to have after surgery:
  - Protein shakes
  - Sugar free jello
  - Sugar free popsicles
  - Broth
  - Water
  - Non-carbonated, caffeine free, < 15 cal beverages

CONTINUED ON PAGE 2 ➔
HYDRATION WITH OPTIONAL ANTIEMETICS - ADULT, OUTPATIENT, INFUSION CENTER
(CONTINUED)

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Hydration - Intermittent infusion/Bolus

☐ sodium chloride 0.9% bolus injection 1,000 mL
  1,000 mL, Intravenous, Administer over 60 Minutes, Once, Starting S, For 1 Dose
  Outpatient infusion. Maximum infusion rate 999 mL/hr. (DO NOT USE THIS ORDER IF TOTAL VOLUME OF DOSE IS GREATER THAN 1000 mL)

☐ lactated ringers IV Bolus 1,000 mL
  1,000 mL, Intravenous, Administer over 60 Minutes, Once, Starting S, For 1 Dose
  Outpatient infusion. Maximum infusion rate 999 mL/hr. (DO NOT USE THIS ORDER IF TOTAL VOLUME OF DOSE IS GREATER THAN 1000 mL)

☐ custom IVPB builder for fluids less than 1,000 mL
  _______ mL/hr, Administer over _______ minutes, Intravenous, Once, Starting S, For 1 Dose

Base Solution
  ☐ Dextrose 5% _______ mL
  ☐ Sodium Chloride 0.9% _______ mL

Additives
  ☐ Potassium Chloride _______ mEq
  ☐ Sodium Chloride _______ mEq
  ☐ Calcium Gluconate _______ grams
  ☐ Magnesium Sulfate _______ grams

Duration
  ☐ 15 minutes
  ☐ 30 minutes
  ☐ 45 minutes
  ☐ 60 minutes

Outpatient infusion. Maximum infusion rate 999 mL/hr. If using the Custom IV builder - you should always select an additive and base. Do not use to order a plain hydration fluid. (DO NOT USE THIS ORDER IF TOTAL VOLUME OF DOSE IS GREATER THAN 1000 mL)

Hydration - Continuous/Maintenance

☐ sodium chloride 0.9% (NS) infusion
  _______ mL/hr, Administer over _______ minutes, Intravenous, Continuous, Starting S
  Outpatient infusion. (USE FOR ANY INFUSION ORDER OVER A TOTAL OF 1000 ML OR MAINTENANCE FLUID.)

☐ lactated ringers infusion
  _______ mL/hr, Administer over _______ minutes, Intravenous, Continuous, Starting S
  Outpatient infusion. (USE FOR ANY INFUSION ORDER OVER A TOTAL OF 1000 ML OR MAINTENANCE FLUID.)

☐ custom IV infusion builder for fluids more than 1,000 mL
  _______ mL/hr, Administer over _______ minutes, Intravenous, Continuous, Starting S

Base Solution
  ☐ Dextrose 5% _______ mL
  ☐ Dextrose 10% _______ mL
  ☐ Dextrose 5% and sodium chloride 0.2% _______ mL
  ☐ Dextrose 5% and sodium chloride 0.45% _______ mL
  ☐ Dextrose 5% and sodium chloride 0.9% _______ mL
  ☐ Sodium Chloride 0.9% _______ mL
  ☐ Sodium Chloride 0.45% _______ mL
  ☐ Dextrose 5% and lactated ringers _______ mL
  ☐ Lactated Ringers _______ mL

Additives
  ☐ Potassium Chloride _______ mEq
  ☐ Sodium Chloride _______ mEq
  ☐ Calcium Gluconate _______ grams
  ☐ Magnesium Sulfate _______ grams

Outpatient Infusion. If using the Custom IV builder - you should always select an additive and base. Do not use to order a plain hydration fluid. (USE FOR ANY INFUSION ORDER OVER A TOTAL OF 1000 ML OR MAINTENANCE FLUID.)
Antiemetic Therapy

- ☐ promethazine (PHENERGAN) in dextrose 5% 50 mL IVPB
  - 12.5 mg
  - 25 mg
  Intravenous, Administer over 15 Minutes, Once, Starting S, For 1 Dose

- ☐ ondansetron HCl (ZOFRAN) in sodium chloride 0.9 % 50 mL IVPB
  - 4 mg
  - 8 mg
  - 12 mg
  - 16 mg
  Intravenous, Administer over 15 Minutes, Once, Starting S, For 1 Dose

- ☐ dexamethasone sod phosphate (DECADRON) injection 8 mg
  8 mg, Intravenous, Once, Starting S, For 1 Dose

Medications

- ☐ thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB
  100 mg, Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

- ☐ folic acid 1 mg in dextrose 5 % 100.2 mL IVPB
  1 mg, Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose
  1 mg/mL = 1,667 mcg DFE/mL (Dietary Folate Equivalents)

Additional Medications

- ☐ Medication with dose: ______________________________________________________________________

- ☐ Medication with dose: ______________________________________________________________________

Lab Orders

<table>
<thead>
<tr>
<th>Lab</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab: __________________________</td>
<td>Every ___ days</td>
<td>Until date: _____</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td></td>
</tr>
</tbody>
</table>

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.